



Lifeline and Link-Up Self-Certification Form

Date : _____

Billing Name _____

Service Address _____

City _____ State _____ Zip Code _____

Social Security Number _____

Telephone Number () _____

I hereby certify that I participate in the following public assistance program(s):

- ☐ Medicaid, as provided under TennCare
- ☐ Food Stamps
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ Supplemental Security Income (SSI)
- ☐ National School Lunch Program (NSL)
- ☐ Low Income Home Energy Assistance (LIHEAP)
- ☐ Federal Public Housing/Section 8

I certify, under penalty of perjury, that I am a current recipient of the above program(s) and will notify BellSouth when I am no longer participating in at least one of the above-designated program(s). I authorize BellSouth or its duly appointed representative to access any records required to verify these statements to confirm my continued participation in the above program(s). I authorize representatives of the above programs to discuss with and/or provide copies to BellSouth, if requested by the company, to verify my participation in the above program(s) and my eligibility for Lifeline.

Applicant's signature

Date

*If you are at or below 135% of the poverty level, but not currently receiving benefits from one of the listed programs, you may be able to qualify by contacting the Tennessee Regulatory Authority on **1-800-342-8359**.

Please mail or fax this self-certification form to:

**BellSouth RSC
4th Floor
304 Pine Avenue
Albany, GA 31702 Fax: 1-888-726-3223**